

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004106

FILED
Apr 15, 2009
Secretary of State

Entity Name: ISLE OF PALMS CIVIC ASSOCIATION INC.

Current Principal Place of Business:

138 - 107TH AVE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

P O BOX 291
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, CARLA
11485 1ST ST E
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, CARLA
Address: 11485 1ST ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: V () Delete
Name: WALKER, NANCY
Address: 11137 2ND ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T () Delete
Name: RIMKUS, DIANE
Address: 54 115TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S () Delete
Name: JOHNSON, MARY LOU
Address: 11130 4TH ST
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALKER, NANCY
Address: 11137 2ND ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T (X) Change () Addition
Name: RIMKUS, DIANE
Address: 525 115TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S (X) Change () Addition
Name: LEE, CAROL
Address: 645 115TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA SMITH

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date